# Adaptive SBRT for Liver and Pancreas Patients

Moderator: Rachael Martin, MD Anderson Speakers: Josh Niedzielski, MD Anderson Kathryn Mittauer, Miami Cancer Institute

AAPM July 2021



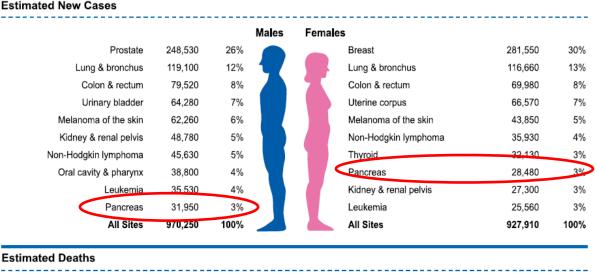
# **Pancreas & Liver Cancer**

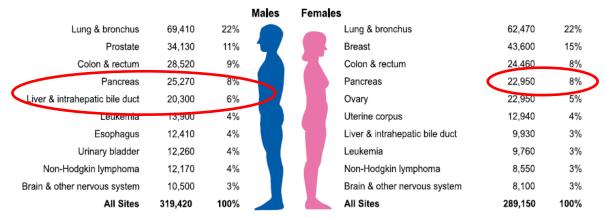
#### Incidence/epidemiology

- Relatively low incidence
- High mortality

#### **Treatment with SBRT**

- Apparent improved efficacy over standard fractionation
- Local control more important with improved systemic treatments
- More convenient and less disruptive to other treatments
- Move pancreas patient from borderline resectable to resectable or a liver patient to being a transplant candidate





Adapted from Seigel et al. 2021

# **Challenges of Liver and Pancreas SBRT**

Radiosensitive organs at risk (OARs) close to target

Inter and intra-fractional tumor and OAR motion

Visibility of the tumor and OARs



Making Cancer History®

# **Prescriptions (HyTEC)**

### **Pancreas**

### 36 Gy in 3 fractions (~43 Gy in 5)

- 1 year LC w/o surgery of 86%
- BED 79 Gy

### 24 Gy in 3 fractions (~28 Gy in 5)

- 1 year LC w/o surgery <70%
- BED 43 Gy

### Liver

### **Primary liver**

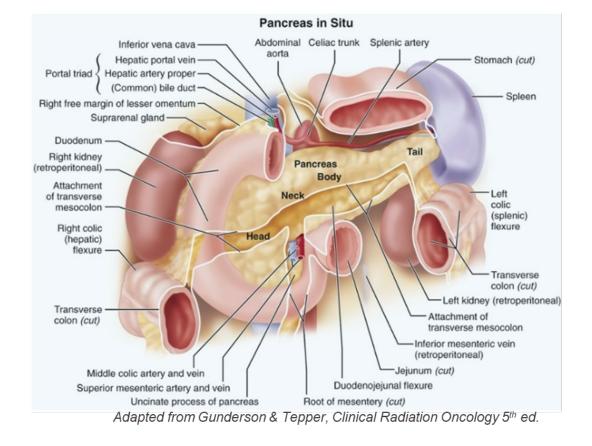
• No significant difference seen for BEDs 60-180 Gy

#### Liver metastases

Significant improvement (93% vs 65% 3 year local control) with BED > 100 Gy (e.g. 50 Gy in 5)



## **Proximity of Organs at Risk**



Stomach/duodenum/bowel constraints (5 fraction SBRT at MD Anderson)

Dmax < 40 Gy

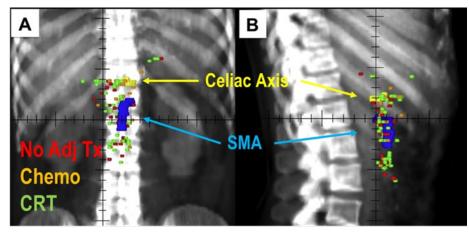
V35 Gy < 1 cc



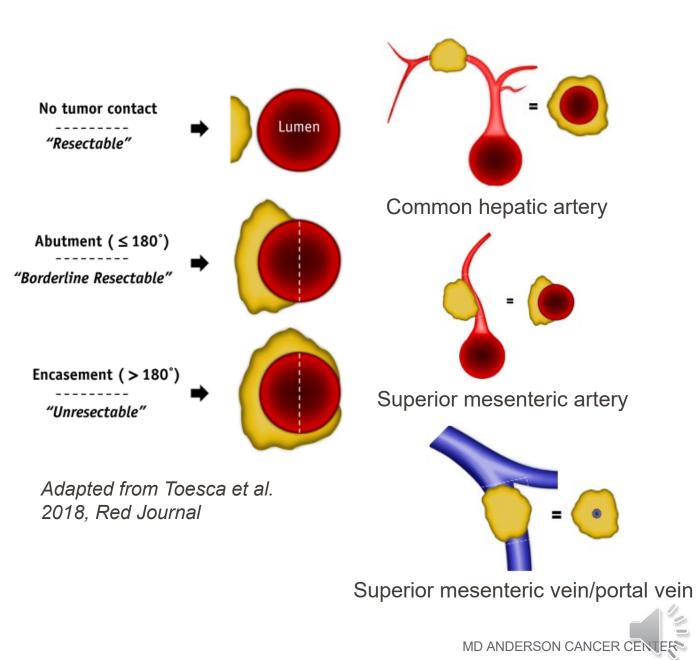
# **Pancreatic Cancer Targets**

# Borderline resectable primarily concerned with vessels

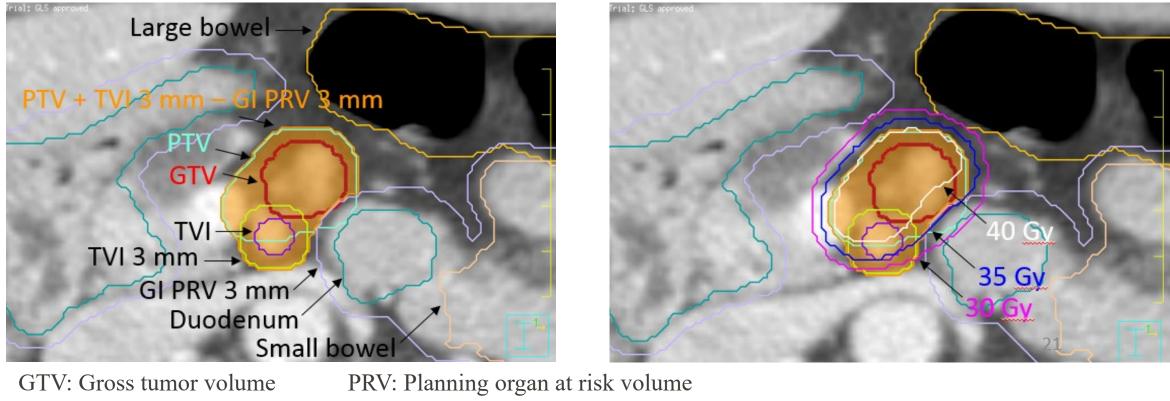
- Limitation in surgery
- 90% of recurrences within ~2 cm of celiac axis and superior mesenteric artery (SMA)



Adapted from Dholakia et al. 2013, Red Journal



# **Proximity of Organs at Risk**



<sup>7</sup> PTV: Planning target volume

TVI: Tumor vessel interface



# Interfractional motion



- Bowel/stomach filling
- Gas
- Patient setup

#### Problems

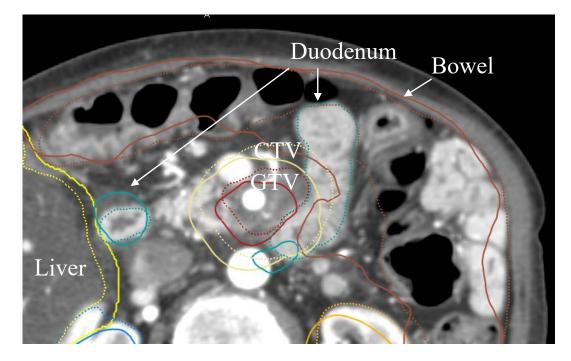
- Missed target
- OARs move into high dose region
- Difference in dose distribution

#### Solutions

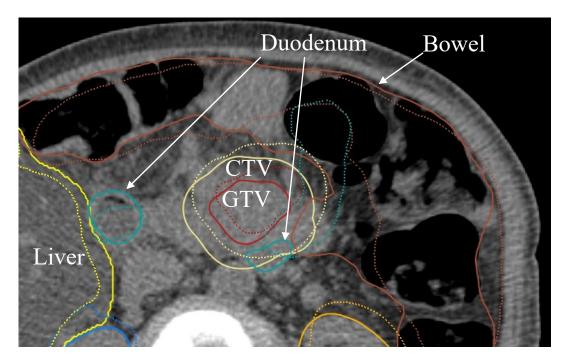
- NPO/gas management
- High quality IGRT
- Adaptive planning



# **Interfractional Motion**



Simulation CT (original contours dotted lines)



Adaptive replan using daily CT (new contours solid lines)



### **Intrafractional Motion**



#### Causes

• Breathing

#### **Problems**

- Missed target
- Increased area of OAR irradiation

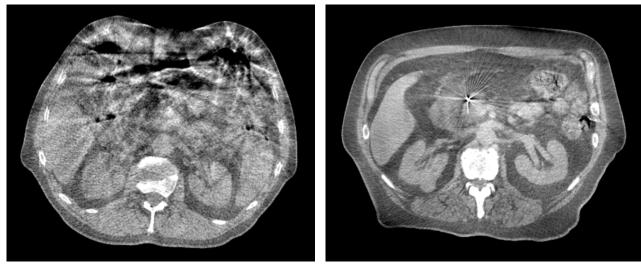
#### **Solutions**

- 4DCT
- Breath hold
- Compression
- Etc...



### **Tumor and OAR Visualization**

#### CBCT image quality and artifacts



Free Breathing

Breath hold with fiducials

# **Goals of this Session**

Understand the challenges associated with pancreas and liver SBRT and the role of high quality volumetric IGRT and adaptive planning in addressing them

#### Josh Niedzielski

18 min + 2 min (Q&A): Importance of Daily Adaptation for the Management of Liver and Pancreas Patients Receiving SBRT

#### Kathryn Mittauer

18 min + 2 min (Q&A): MR Guidance and Online Adaptation of Liver and Pancreas Patients

10 min **Q&A**